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STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

IN RE:
ORCE TRAJANOVSKI,
DECEDENT

AFFIDAVIT FOR TRANSFER OF REAL PROPERTY

Snezanka Trajanovski, of the City of Crown Point, Lake County, Indiana, being first duly sworn upon her oath, deposes and says:

1. ORCE TRAJANOVSKI, SSN XXX-XX-6136, died intestate on the 3rd day of September, 2009, while domiciled in Lake County, Indiana.

2. She is the surviving spouse of Orce Trajanovski.

3. Forty-five (45) days have elapsed since the death of the decedent.

4. No application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction.

5. The value of the decedent's gross probate estate, less liens and encumbrances, does not exceed the sum of Fifty Thousand Dollars (\$50,000.00) as provided by I.C. 29-1-8-3, including the costs and expenses of administration, reasonable funeral expenses and a mortgage on said real estate in the approximate amount of Sixty Five Thousand Dollars (\$65,000.00).

6. Among the probate assets owned by the decedent at the time of his death was the following described real estate located in Lake County, Indiana:

The South 50 feet of Lot 2 in Block 36 in Railroad Addition to the Town, now City of Crown Point, as per plat thereof, recorded March 22, 1865 in Misc. Record "A", Pages 508 and 509, in the Office of the Recorder of Lake County, Indiana, more commonly known as 843 N. Sherman, Crown Point, IN 46307.
Parcel No.: 45-16-05-404-002.000-042

7. The maximum period for creditors to file claims against the decedent's estate (nine (9) months from date of death), expired on June 3, 2010.

8. Orce Trajanovski left surviving him, the following:

Snezanka Trajanovski, surviving spouse, 9385 Roosevelt Pl., Crown Point, IN 46307;

Angelina Momirovic, adult daughter, 9385 Roosevelt Pl., Crown Point, IN 46307; and

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MAY 02 2011
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

026537
12287
NON CONF



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

ATTN: SAMANTHA

Local No. 3319-09

State No.

1. Decedent's Legal Name (First, Middle, Last) ORCE TRAJANOVSKI			1a. Maiden Last Name (If Female) N/A			2. Sex M		3. Time Of Death 5:20AM		4. Date Of Death (Month/Day/Year) SEPTEMBER 3, 2009			
5. Social Security Number 341926136		6a. Age Yrs 55	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date Of Birth (Month/Day/Year) OCTOBER 10, 1953		8. Birthplace (City And State Or Foreign Country) ZIVINJE, MAKEDONIA				
9. Ever In U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead On Arrival				10a. If Death Occurred Somewhere Other Than A Hospital: <input type="checkbox"/> Hospice Facility <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify)							
11. Facility Name (If Not Institution, Give Street And Number) 9385 ROOSEVELT PLACE													
12. City Or Town, State, And Zip Code CROWN POINT, IN 46307						13. County Of Death LAKE			14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown				
15. Surviving Spouse's Name SNEZANKA				15a. (If Wife) Give Maiden Last Name MANEVSKA				16. Decedent's Usual Occupation TRAFFIC ENGINEERING		17. Kind Of Business/Industry TRUCKING			
18. Residence - State INDIANA			18a. County LAKE			18b. City Or Town CROWN POINT			18c. Street And Number 9385 ROOSEVELT PLACE	18d. Apt. No.	18e. Zip Code 46307	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education Associate degree (e.g., AA, AS)			20. Decedent Of Hispanic Origin No, not Spanish/Hispanic/Latino			21. Decedent's Race White			22. Father's Name (First, Middle, Last) DIMITAR			23. Mother's Name (First, Middle, Last) DRAGICA	23a. Mother's Maiden Last Name TRAJKOVSKA
24. Informant's Name SNEZANKA TRAJANOVSKA			24a. Relationship To Decedent SPOUSE			24b. Mailing Address (Street And Number, City, State, Zip Code) 9385 ROOSEVELT PLACE							
25a. Method Of Disposition: <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):			25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) CALUMET PARK CEMETERY			25c. Location - City, Town, And State MERRILLVILLE, IN 46410							
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility BURNS FUNERAL HOME 10101 BROADWAY CROWN POINT, IN 46307						27a. Funeral Home License Number: FH83002445					
27b. Signature Of Indiana Funeral Service Licensee: <i>Govan Svecich</i>								27c. License Number (Of Licensee) FDO8601292					
28. Part I. Enter The Chain Of Events—Diseases, Injuries, Or Complications—That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary.													
Immediate Cause (Final Disease Or Condition Resulting In Death)										Approximate Interval: Onset To Death			
A. Respiratory Failure										MINUTES			
B. BRAINSTEM COMPRESSION										1 Wk			
C. CEREBRAL EDEMA										6 mos			
D. Glioblastoma Multiforme										1 year			
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I													
29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death			33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined							
34. Date Of Injury (Month/Day/Year) N/A		35. Time Of Injury N/A		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area) N/A			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No						
38. Location Of Injury - State N/A		38a. City Or Town N/A		38b. Street & Number N/A		38c. Apt. No.	38d. Zip Code						
39. Describe How Injury Occurred N/A													
41. Signature, Of Person Certifying Cause Of Death: <i>Mark A. Simaga MD</i>						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer							
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <i>MARK A. SIMAGA MD</i>						44. License Number 01046578		45. Date Certified 9/17/09					
46. Additional Funeral Service Provider: N/A						47. *Akas: N/A							
48. Signature of Local Health Officer: <i>Susan R. Burt DO.</i>						49. For Registrar Only - Date Filed (Month/Day/Year): September 23, 2009							